

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 25 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

9883

PLACE OF DEATH

County Wodaway
Township Munroe
City _____ (No. _____)

Registration District No. 620
Primary Registration District No. 5832

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Lorinda G. Botkin

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James C Botkin</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-8-1848</u>				
7. AGE	YEARS <u>85</u>	MONTHS <u>10</u>	DAYS <u>29</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spianer, sawyer, bookkeeper, etc. <u>Housekeeper</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)			
				11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7, 1934

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to March 6, 1934

I last saw h.w. alive on March 6, 1934 Death is said to have occurred on the date stated above, at 2:30 am.

The principal cause of death and related causes of importance were as follows:
Aortic regurgitation
920
97 920

Date of onset 24th
January

Other contributory causes of importance:
Renal sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER

13. NAME Wm Payne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER

15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gud

17. INFORMANT Halfred Botkin
(ADDRESS) 5 Kidmore mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Burr Oak Cem. DATE 3-9, 1934

19. UNDERTAKER Campbell Funeral Home
(ADDRESS) Maryville mo

20. FILED Mar 7, 1934 Dr J C Manning
Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? L Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury L
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. C. Manning, M. D.
(Address) St. Louis Mo

